



Washington State WIC Program
Medical Documentation for Formula Substitution

Date: _____

Client name: _____ Date of birth: _____

Parent/guardian name (if client is a child): _____

Indicate length of time formula medically required: ☐ 1 month ☐ 3 months ☐ 6 months

Formula prescribed: Indicate selected formula below:

Milk-based

- ☐ Nestlé Good Start Supreme
- ☐ Similac with Iron
- ☐ Enfamil with Iron *
- ☐ Enfamil LactoFree LIPIL, iron fortified *

Soy-based

- ☐ Nestlé Good Start Essentials Soy
- ☐ Similac Isomil with Iron
- ☐ Enfamil ProSobee, iron fortified *

Therapeutic

- ☐ Enfamil A.R. LIPIL, iron fortified
- ☐ Enfamil EnfaCare LIPIL, iron fortified
- ☐ Enfamil Nutramigen LIPIL, iron fortified protein hydrolysate
- ☐ Similac Alimentum Advance, iron fortified protein hydrolysate
- ☐ Similac NeoSure Advance with Iron
- ☐ PediaSure (only for clients over one year of age)

Indicate appropriate medical diagnosis: Prior to issuing any formula above, federal regulations require documentation of one of the following medical diagnoses:

- ☐ Metabolic disorder
- ☐ Inborn error of amino acid metabolism
- ☐ Food allergy
- ☐ Other serious medical condition (describe) _____
- ☐ Gastrointestinal disorder
- ☐ Malabsorption syndrome

*** Formulas available
for infants
without medical
documentation include:**

- Enfamil with Iron
- Enfamil ProSobee,
iron fortified
- Enfamil LactoFree
LIPIL, iron fortified

Name and signature of prescriptive authority:

Provider name: _____
(print or stamp)

Provider signature: _____
(required)

Return completed form to WIC client or local WIC clinic.

Questions? Call your local WIC clinic or the state WIC office at 1-800-841-1410.

